

Name
in
Full

Marry Ann Ashley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Perry* ^{Town} *Meck* ^{County} *Kent* **MARYLAND**

Date of death **1907** *July* ^{Month} *9* ^{Day} *84* ^{Years} *84* ^{Months} *84* ^{Days}

Sex *Female* Color or Race *White* Birthplace *Maryland*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *David Ashley*

Father's Name *James Couch* Father's Birthplace *Maryland*

Mother's Maiden Name *Matha Glenn* Mother's Birthplace *Maryland*

Name of person giving information *Anna M. Shriver* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Catarrell Bronchitis* *90* ^{How long} *4 days* ^{How long}

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *Chris B. Wilson*

Address *Edesville*

Kent Co. Md.

Accident or Suicide?



Name
in
Full

Mama Brown

CERTIFICATE OF DEATH

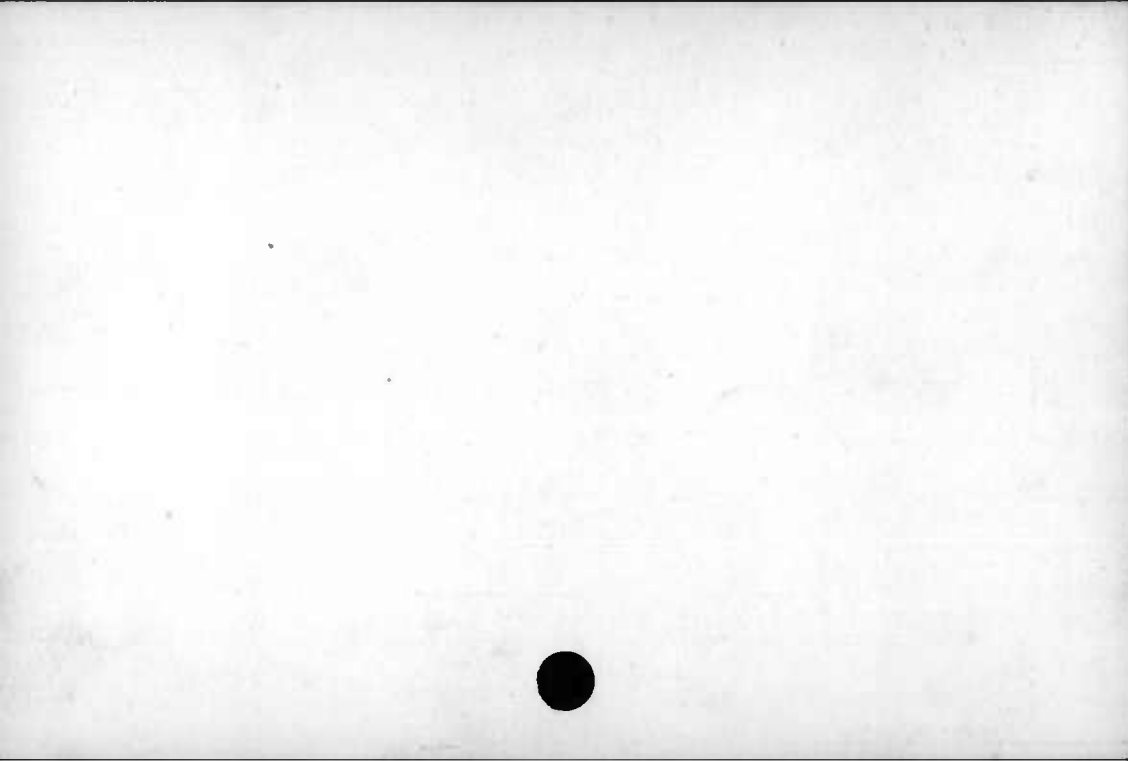
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Willington		County Kent		MARYLAND	
Date of death		Month 1	Day 4	Age 99	Years 9	Months 9	Days
Sex Female		Color or Race Black		Birth-place Kent Co			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary	Heart	How long	Months
Immediate	1 - "	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	
		Address	W. E. Conner 998 Willington
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Margaret-Elizabeth Clayton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar</i> ^{Town} <i>Easville</i> ^{County} <i>Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>15</i>	Age <i>79</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto Md</i>	Months <i>—</i> Days <i>13</i>
Occupation <i>House keeper</i>	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband <i>Edward W Clayton</i>		
Father's Name <i>Andrew</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Adams</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mary C. Engel</i>	How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis / Apoplexy</i>	How long <i>Two months</i>
Immediate <i>Exhaustion</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Beall</i>
	Address <i>Rock Hall Md</i>
Accident or Suicide?	



Name
in
Full

Ida V. Blougle

CERTIFICATE OF DEATH

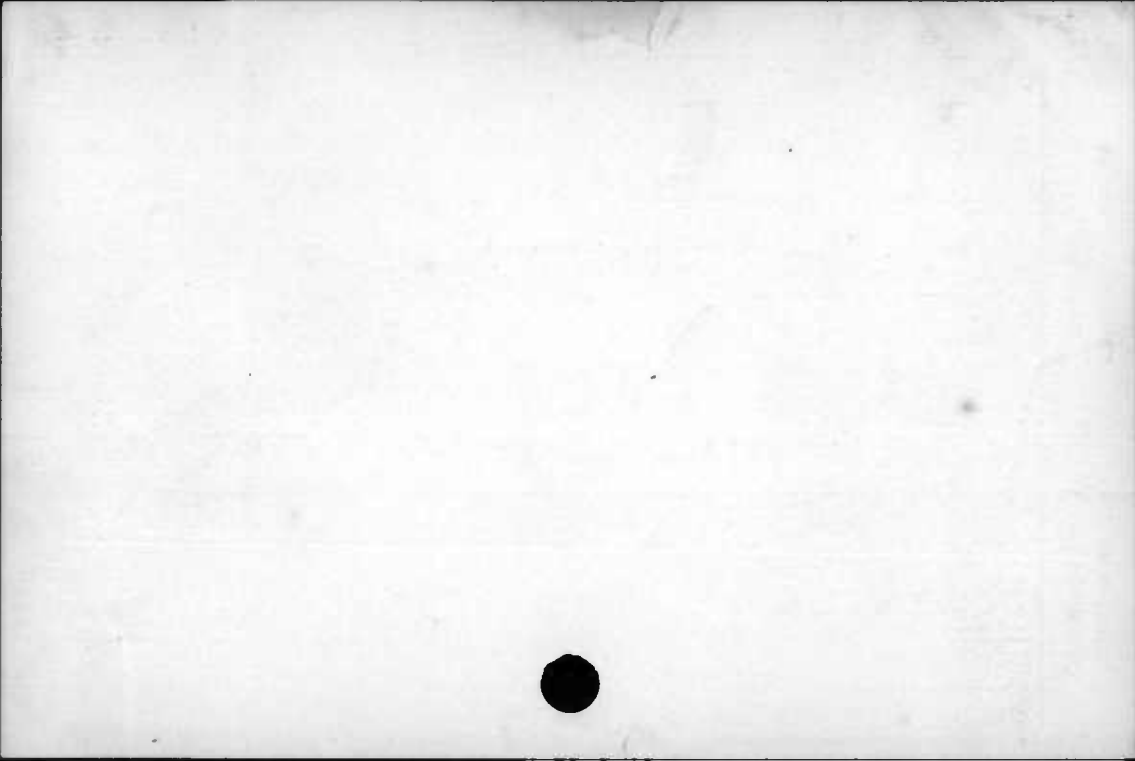
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Massy		County Kent		MARYLAND	
Date of death	1907	Month June	Day 18	Age	Years 39	Months 5	Days 18
Sex	Female		Color or Race	White		Birth- place	Queen Anne Co.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	J. V. Blougle			
Father's Name	John Loller					Father's Birthplace	
Mother's Maiden Name	Kate Pardee					Mother's Birthplace	
Name of person giving Information	J. V. Blougle					How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Miscarriage	How long	
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edward A. Scott
		Address	Salina. Ind.
Accident or Suicide?	No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Georgetta Cooper

MARYLAND

Died at ^{Town} Chestertown^{County} Kent

Date of death 1907

Month 1

Day 28

Age 77

Months 10

Days 21

Sex Female

Color or
Race

White

Birth-
place

Md

Occupation ^{mother} Homemaker SeamstressWhere Residing if not
at place of death

Chestertown, Md

Married, Single
or Widowed

Widow

Name of Wife or
Husband

J. S. Cooper

Father's
Name

George A. Cooper

Father's
Birthplace

Md

Mother's
Maiden Name

George A. Cooper

Mother's
Birthplace

Md

Name of person giving
information

Samuel Cooper

How related
to deceased

Son

CAUSES OF DEATH

Primary

Heart. Valvular - Mitral

How long

Several years

Immediate

General Dropsy to heart

How long

3 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

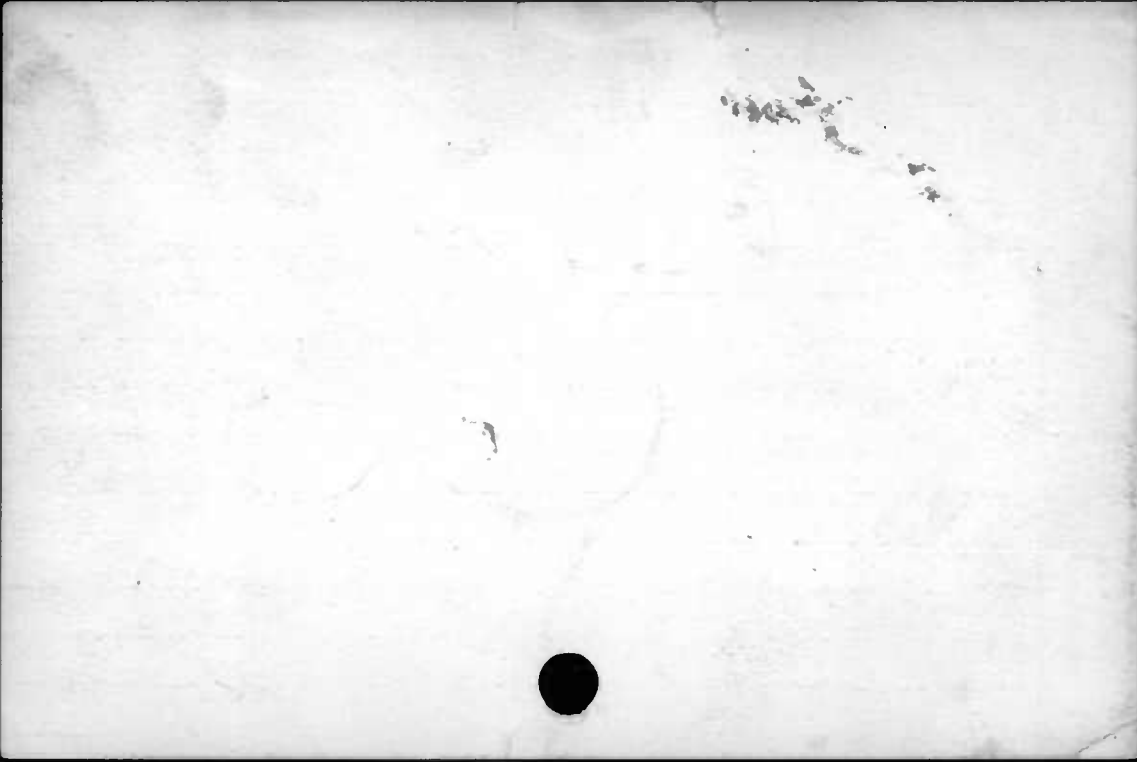
Signature of
Physician

H. Frank Harris

Address

Chestertown Md

Accident or Suicide?



Name
in
Full

Edward Crew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} New Lankford			^{County} Kent			MARYLAND		
Date of death 1907		Month 1	Day 19	Age 22	Years	Months =	Days 6	
Sex Male		Color or Race White		Birth-place New Lankford				
Occupation None				Where Residing if not at place of death - at Father's Home Lankford				
Married, Single or Widowed <input checked="" type="checkbox"/>				Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name Milton Powel Crew				Father's Birthplace Kent Co Md				
Mother's Maiden Name Hattie Hadaway				Mother's Birthplace Kent Co Md				
Name of person giving information Jack M. P. Crew				How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Don't know	How long	12 hrs
Immediate	Comminution	How long	12 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. H. Harris	
Yes		Address Chestertown Md	
Accident or Suicide? <input checked="" type="checkbox"/>			

Mr Russell and son
McGraw Pencil -
upon their Culivants

Dr Thompson

Per Dr Harrison

Name
in
Full

Alice Pausey Burr Cully

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock Hall</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND		
Date of death <i>1907</i>		Month <i>Jan</i>	Day <i>8</i>	Age <i>1</i> ^{Years}	Months <i>0</i>	Days <i>8</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co.</i>		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>James Clarence Cully</i>			Father's Birthplace <i>Kent Co.</i>			
Mother's Maiden Name <i>Aberta Godwin</i>			Mother's Birthplace <i>Kent Co.</i>			
Name of person giving information <i>James Clarence Cully</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spinal Meningitis</i>	How long <i>To day</i>
Immediate <i>Exhaustion</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Walter Kelly M.D.</i>
	Address <i>Rock Hall, Md.</i>
Accident or Suicide?	



Name
in
Full

Laura Jane Lowrey

CERTIFICATE OF DEATH

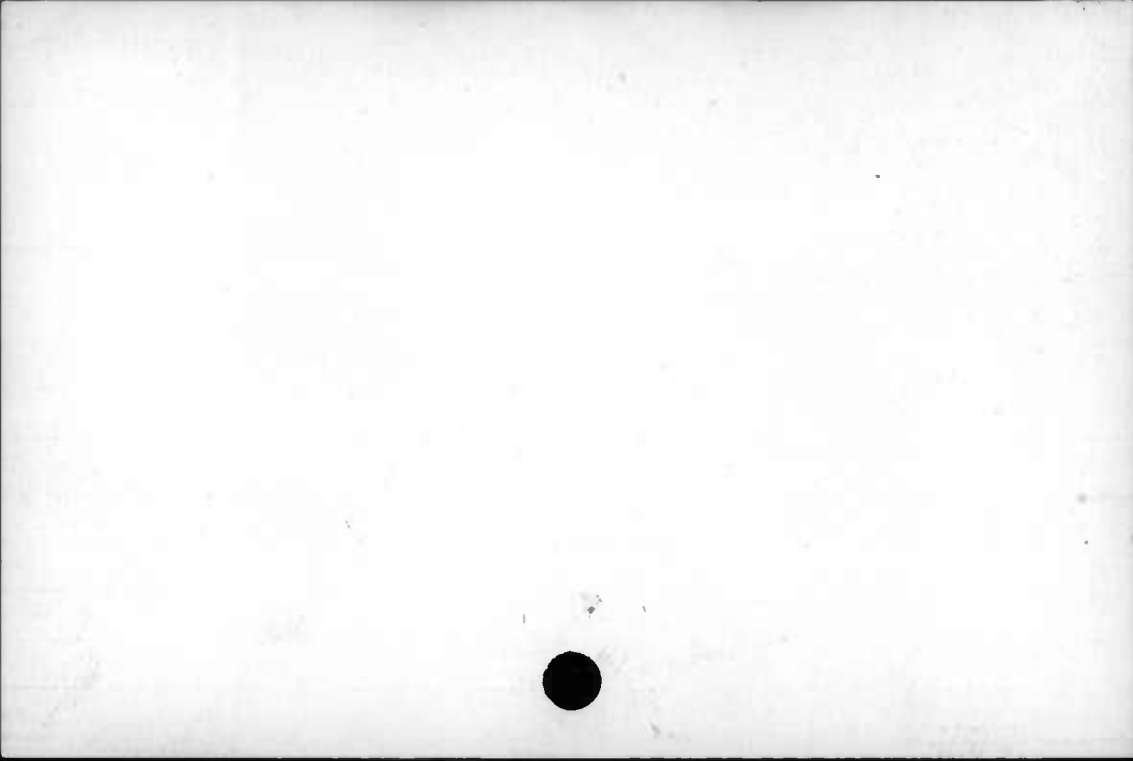
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rock Hall</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>16</u>	Age <u>63</u> <small>Years</small>	Months <u>2</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co Md</u>			
Occupation <u>House Wife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph B Lowrey</u>				
Father's Name <u>Vince Hatcher</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary Lasenbury</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Joseph B Lowrey</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart disease</u>	How long <u>9 days</u>
Immediate <u>Emphysema</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Walter O. Sullivan MD</u>
	Address <u>Rock Hall, Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

Richard Henry Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Still Pond</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Jan</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>87</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>U. S.</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>U. S.</u>				
Mother's Maiden Name <u>Billie Ford</u>	Mother's Birthplace <u>U. S.</u>				
Name of person giving information <u>George Ford</u>	How related to deceased <u>Son.</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General debility.</u>	How long <u>Two weeks.</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>Wm. S. Maxwell,</u>
	Address <u>Still Pond, Md.</u>
Accident or Suicide? <u>f</u>	

Still Pond.

Name in Full		Sarah Ann Fraser				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Pinne Neck	County Kent		MARYLAND	
	Date of death	1907	Month July	Day 2	Age 73	Months 1	Days 15
	Sex	Female		Color or Race	White		
	Occupation	House Keeper		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband William H Fraser			
	Father's Name	Samuel Coleman			Father's Birthplace Maryland		
	Mother's Maiden Name	Sarah Little			Mother's Birthplace		
Name of person giving information	Lillie Fraser				How related to deceased Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	General debility				How long	2 years
	Immediate	Exhaustion				How long	2 months
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Walter C. Kelly		
	Accident or Suicide?				Address Rockfall, Md.		



Name
in
Full

CERTIFICATE OF DEATH

James Harter Hale

Town

County

Died at

Near Rock Hall

Kent

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1907

July

17

Age

73

2

Sex

Male

Color or
Race

White

Birth-
place

Kent Co Md

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Laura A Harris

Father's
Name

John E Hale

Father's
Birthplace

Maryland

Mother's
Maiden Name

Aronson Hale

Mother's
Birthplace

Maryland

Name of person giving
Information

J Page Hale

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Valvular Disease

How long

About 3 yrs.

Immediate

Congestion of Lung

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

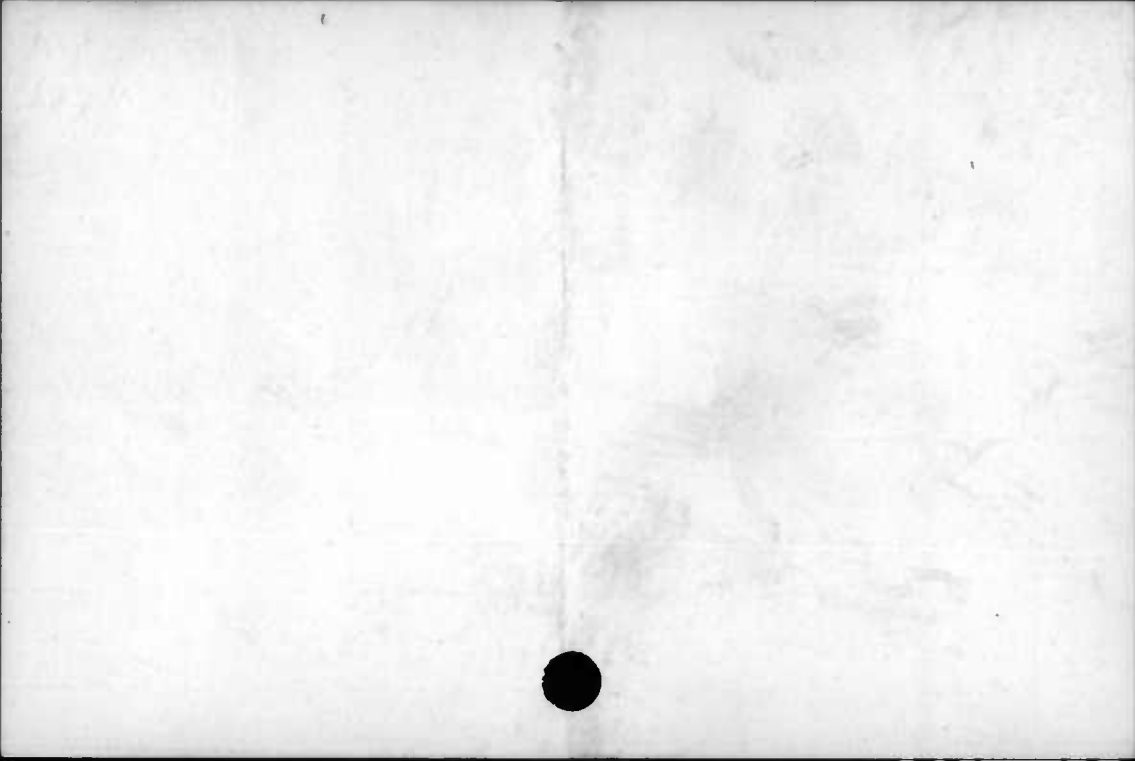
Thos B Willson

Edesville P.O.

Kent Co Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E. Goldsboro.

CERTIFICATE OF DEATH

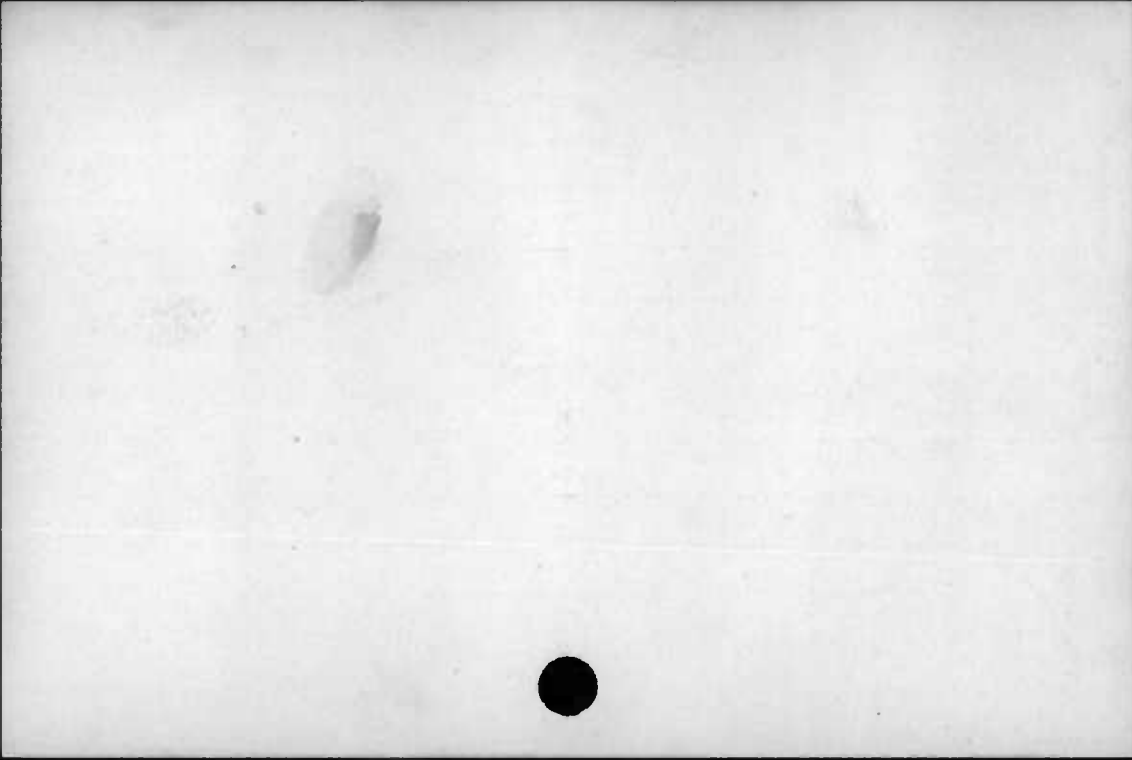
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Millington</i>		Town <i>Kent</i>		County <i>Kent</i>		MARYLAND	
Date of death	1907	Month	January	Day	28	Age	16
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Millington Md</i>		Months	Days
Occupation <i>Servant</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joseph H Goldsboro</i>		Father's Birthplace <i>Churhill Md</i>					
Mother's Maiden Name <i>Henrietta Potts</i>		Mother's Birthplace <i>Pacan Run Co</i>					
Name of person giving information <i>Joseph Goldsboro</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid-Enteric</i>	How long	<i>3 weeks</i>
Immediate	<i>Cardiac failure</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. D. Gorman M.D.</i>	
Accident or Suicide?		Address	
<i>-</i>		<i>Millington Md.</i>	



Name
in
Full

Still Born Infant. Jackett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at near ^{Town} Kennedyville.^{County} Kent.

MARYLAND

Date
of death 1907Month
JanDay
30

Age

Years

Months

Days

Sex

female

Color or
Race

Colored.

Birth-
place

U. S.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Willie's Jackett.

Father's
Birthplace

U. S.

Mother's
Maiden Name

Irene Kinggold

Mother's
Birthplace

U. S.

Name of person giving
in formationHow related
to deceased

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
PhysicianG. Wm. Bannock
Kennedyville
Md

Address

Accident or Suicide?

Fountain church,

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesterton</i> Town		<i>Kent.</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan'y</i>	Day <i>14</i>	Age <i>83</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Lyons, France</i>			
Occupation <i>Landscape Gardener</i>		Where Residing If not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Dm L. Knorr</i>		Father's Birthplace <i>Dmt Knorr</i>			
Mother's Maiden Name <i>Dmt. Knorr</i>		Mother's Birthplace <i>Dmt. Knorr</i>			
Name of person giving information <i>Mrs. Barbara Anthony</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas W. Whalsh</i>
Address <i>Chesterton Md.</i>	
Accident or Suicide? <i>—</i>	

Chester Cemetery
John W. Dodd
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

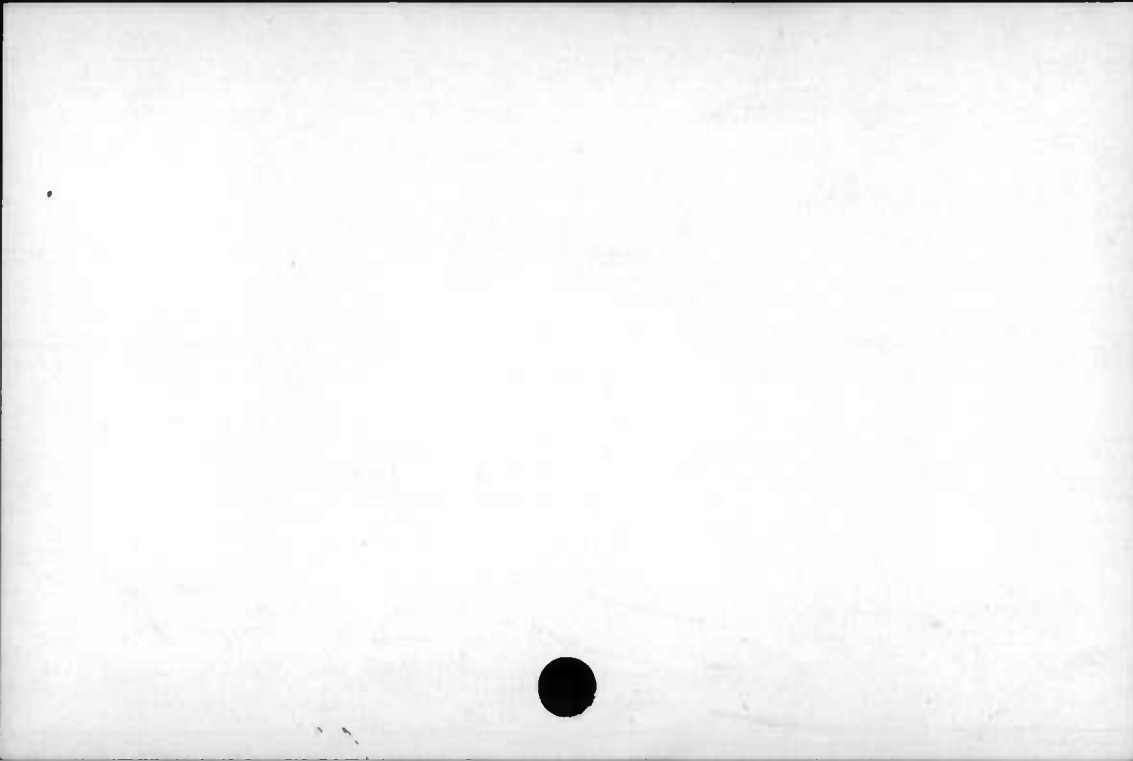
MARYLAND

Died at <i>near Galt</i>		County <i>Kent</i>			
Date of death	1907	Month	January	Day	17
Age	54	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>don't no</i>
Occupation	<i>House Woman</i>	Where Residing if not at place of death <i>Home</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>don't no</i>			
Father's Name	<i>don't no</i>	Fether's Birthplace <i>don't no</i>			
Mother's Maiden Name	<i>July Johnson</i>	Mother's Birthplace <i>don't no</i>			
Name of person giving information	<i>Elija No Gray</i>	How related to deceased <i>don't no</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long	<i>don't no</i>
Immediate	<i>Asphy</i>	How long	<i>don't no</i>
Are the name, age, sex, color, date and place correctly given above?	<i>As far as could be ascertained</i>	Signature of <i>Coroner Geo. C. Townsend</i>	
Accident or Suicide?		Address <i>J.P. acting as coroner</i> <i>Wilmington Del</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Infant Hyson		Town Calverton		County Stent		MARYLAND	
Died at Calverton		Month Jan		Day 23		Age Years	
Date of death 1907		Month Jan		Day 23		Age Years	
Sex female		Color or Race Black		Birth-place U.S.		Days 10	
Occupation 		Where Residing if not at place of death 					
Married, Single or Widowed 		Name of Wife or Husband 					
Father's Name Anthony Hyson		Father's Birthplace Mich.					
Mother's Maiden Name Maalie Wilson		Mother's Birthplace Mich.					
Name of person giving information Alex Wilson		How related to deceased Uncle.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsions.	How long 71
Immediate 	How long
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician Wm. S. Maxwell
	Address Still Pond. Md.
Accident or Suicide? 	

Coleman

Name
in
Full

CERTIFICATE OF DEATH

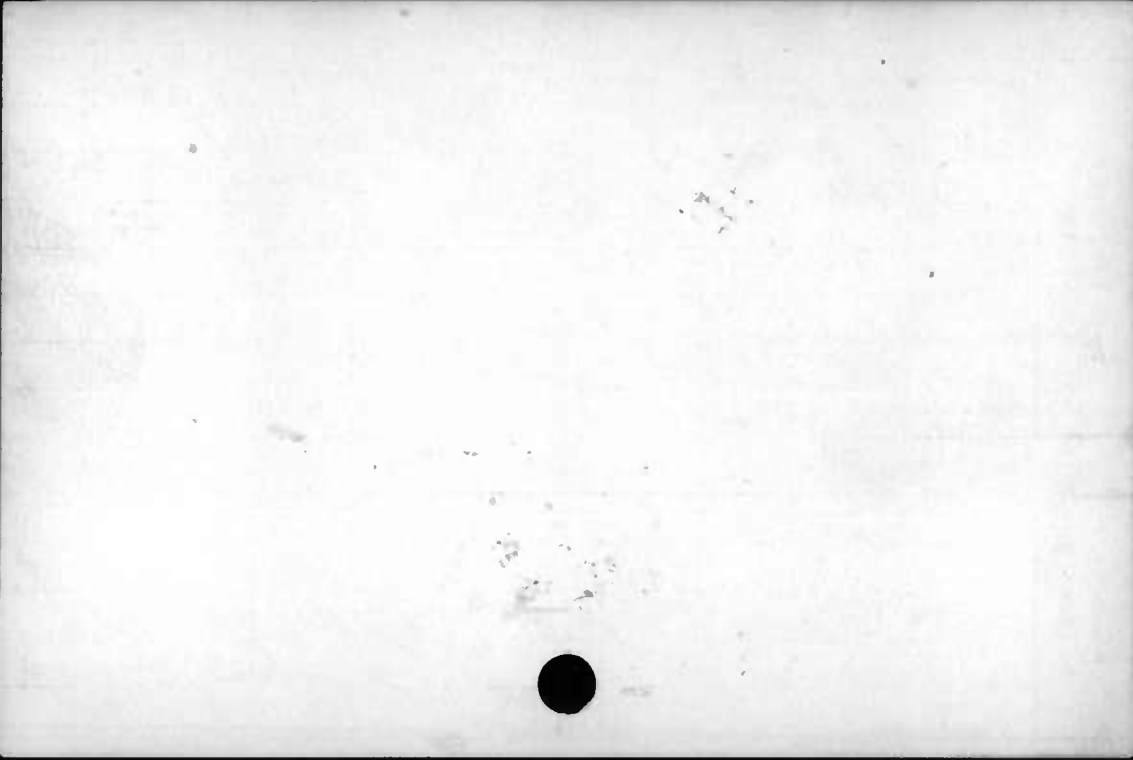
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Worton Point</u> <u>Kent</u> County		MARYLAND	
Date of death <u>1907</u> <u>Jan</u> <u>8th</u>	Age <u>9 years</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>lealord</u>	Birth-place <u>Worton Point</u>	
Occupation <u>none</u>	Where Residing if not at place of death <u>Worton Point</u>		
Married, Single or Widowed <u>-</u>	Name of Wife or Husband <u>-</u>		
Father's Name <u>Don't know</u>	Father's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Harriet Henson</u>	Mother's Birthplace <u>Worton Point</u>		
Name of person giving information <u>James Henson</u>	How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	How long <u>One year</u>
Immediate	<u>"</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>W. D. Attending</u>
	<u>No</u>	Address <u>115 S. Main St.</u> <u>See Local Board of Health</u> <u>Chestertown, Md.</u>
Accident or Suicide?	<u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

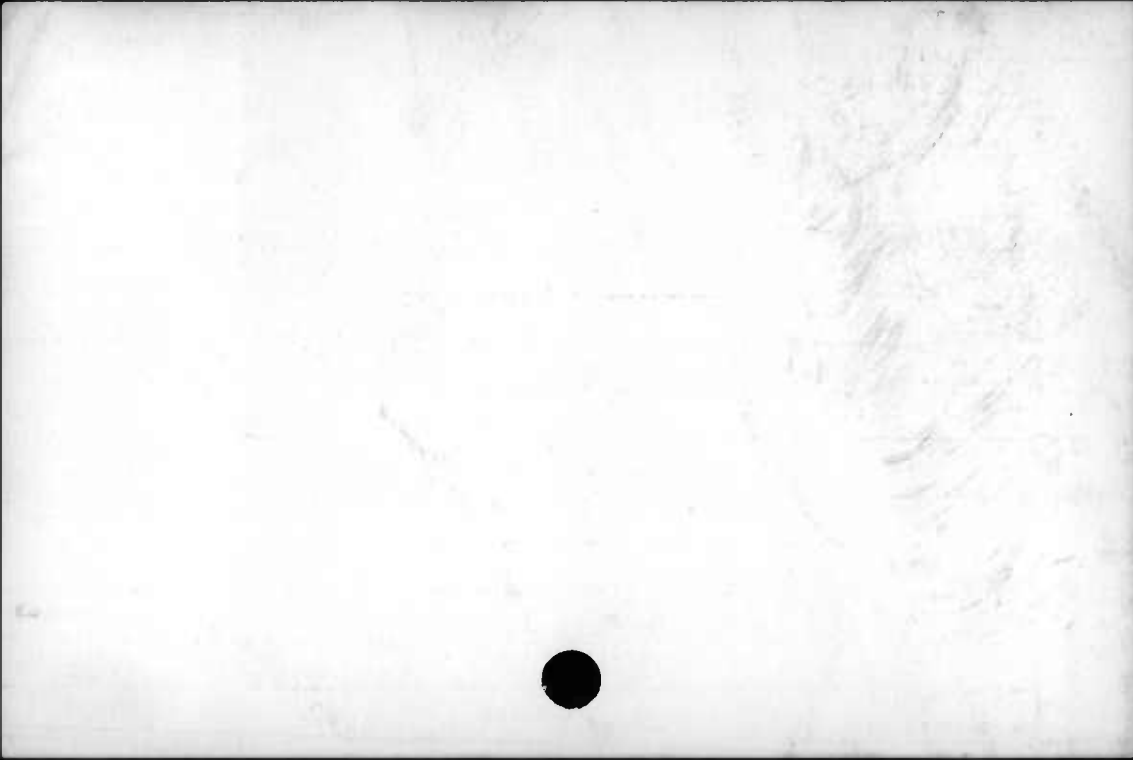
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Fardlee</i>		Town <i>Lee</i>		County <i>West.</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>26</i>	Age <i>Still Born</i>	Year <i>1907</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>W.</i>		Birth-place				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>S.</i>		Name of Wife or Husband					
Father's Name <i>Maglow P. Lee</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Ida. Shupert</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Maglow P. Lee</i>		How related to deceased <i>Father.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Striking Cord</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. Smith</i>
	Address <i>Fardlee Ind.</i>
Accident or Suicide?	



Name
In
Full

Mrs. Emily J. Legg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Cliffs Town Kent County

Date of death 1907 Jan. 9th. Age 46 Months 9 Days 3

Sex Female Color or Race White Birthplace York Pa.

Occupation Housewife Where Residing if not at place of death At Home.

Married, Single or Widowed Married Name of Wife or Husband Moses Segg

Father's Name Jacob Berger Father's Birthplace Pa.

Mother's Maiden Name Don't know, Mother's Birthplace England.

Name of person giving information Moses Segg How related to deceased Husband.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Phthisis pulmonalis How long Six months

Immediate Phthisis Pulmonalis How long Six months.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. Benge Simmons

Address Chestertown

Accident or Suicide? No.

Md.

Wesley Chapple Cemetery
To the N. Dodd
Undertaker

Name
in
Full

CERTIFICATE OF DEATH

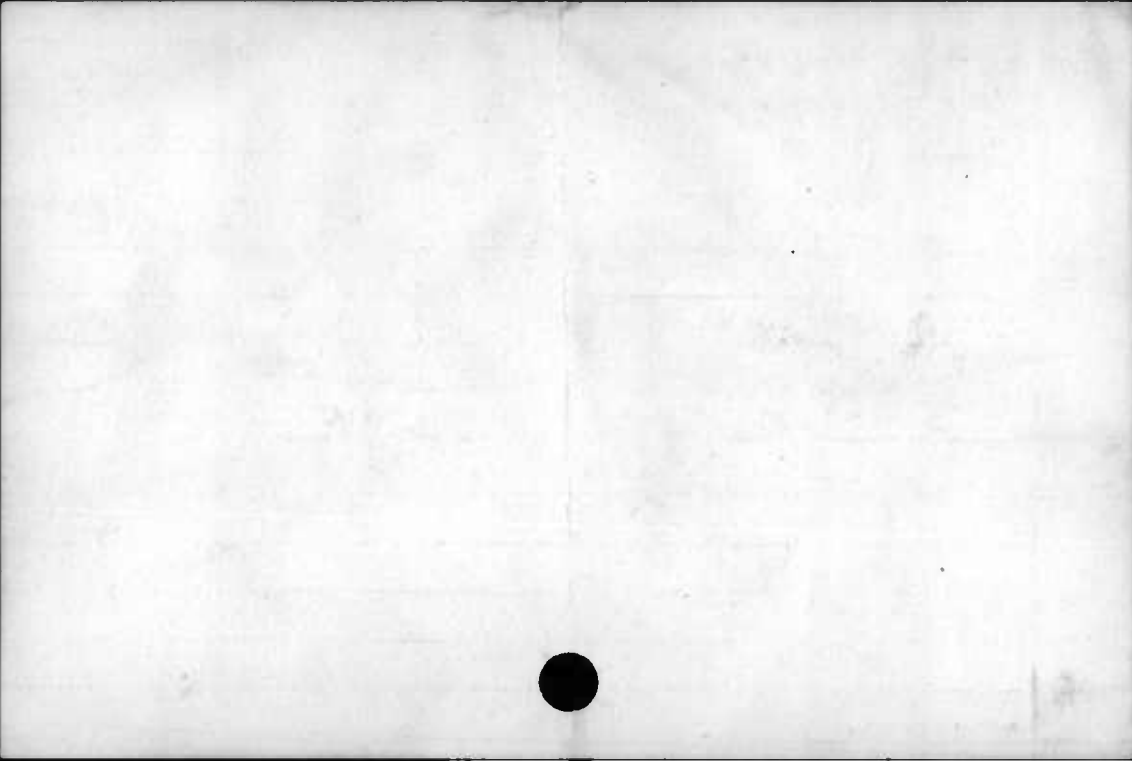
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Samford</i> Town		<i>Lewis</i> County		MARYLAND	
Date of death <i>1907</i>	<i>Jan</i> Month	<i>9</i> Day	Age	<i>Years</i>	Months <i>Shellborn</i> Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Samford</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>John Davis</i>			Father's Birthplace <i>Kentles</i>		
Mother's Maiden Name <i>Debbie Johnson</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>John Davis</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>don't know</i>	<i>was not in attendance</i>	How long <i>1</i>
Immediate <i>don't know</i>	<i>" "</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. Benge Simmons</i>
		Address <i>Chester town Md</i>
Accident or Suicide?		



Name
in
Full

James McLean

CERTIFICATE OF DEATH

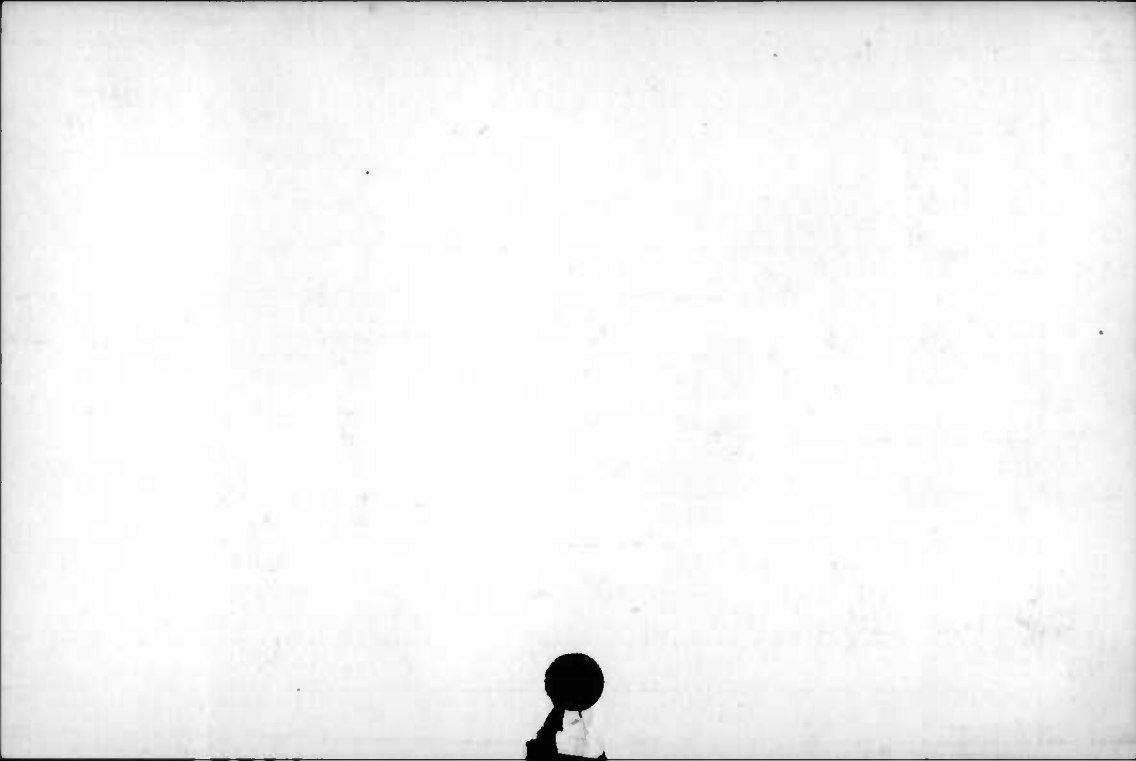
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Earle's Neck Island</i>		County <i>Kent</i>		MARYLAND	
Date of death	1907	Month	July	Day	12
Age	79	Years		Months	2
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	Waterman		Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Loyed McLean		Father's Birthplace	Maryland	
Mother's Maiden Name	Catherine Hart		Mother's Birthplace	Maryland	
Name of person giving information	John W McLean		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General debility</i>	How long	<i>15 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Walter O. Saly</i>
		Address	<i>Rock Hall, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

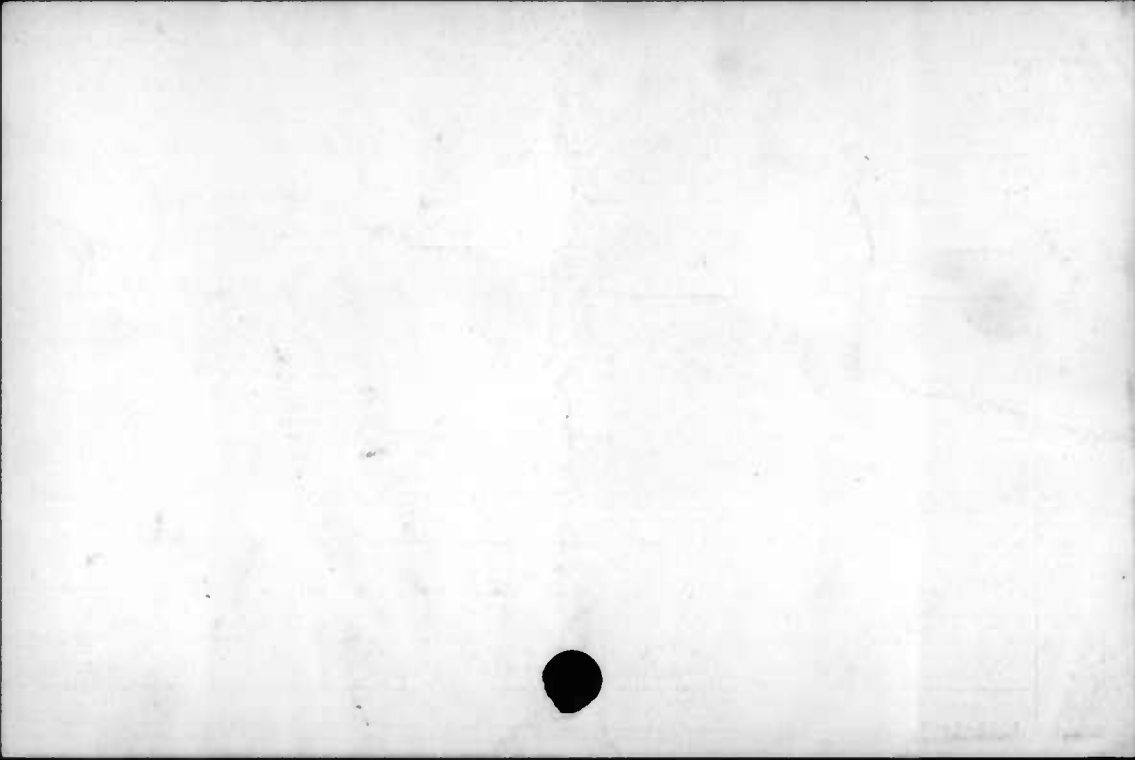
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Melipot</i>		County <i>Kent</i>		MARYLAND	
Date of death <i>1907 Jan</i>	Month <i>Jan</i>	Day <i>11</i>	Age <i>50</i>	Years <i>about</i>	Months <i></i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Queen Anne's</i>		
Occupation <i>Washing</i>		Where Residing if not at place of death <i>Melipot Md</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>David Mabel</i>				
Father's Name <i>Raley</i>	Father's Birthplace <i>Dont know</i>		Mother's Birthplace <i>Dont know</i>		
Mother's Maiden Name <i>Dont know - Slave</i>	Name of person giving information		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastric Ulcer</i>	How long <i>103</i>	How long <i>Dont know</i>
Immediate <i>Internal hemorrhage</i>	How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Benge Simmons</i>	
	Address <i>Chester town Md.</i>	
Accident or Suicide? <i>No.</i>		



Name
in
Full

Oaker Minus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sassafras</i>		County <i>Kent</i>		MARYLAND	
Date of death 190	7 Jan	Month	6 th	Day	Age 27	Years	Months 10
Sex	Female		Color or Race	Black		Birth-place	Sassafras, Md.
Married, Single or Widowed	Married			Occupation	Husb.		
Name of Wife or Husband	Wilson Lee Minus						
Father's Name	Not Known					Father's Birthplace	Not Known
Mother's Maiden Name	Caroline Harris					Mother's Birthplace	Not Known
Name of person giving information	Wilson Lee Minus					How related to deceased	Husband.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Septic Peritonitis</i>		How long	<i>1 wk.</i>
Immediate	..		How long	..
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	Signature of Physician <i>Chas. A. Ritchie</i>	
			Address <i>Middletown, Del.</i>	
Accident or Suicide?		<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Susan Virginia Moore</i>		Town <i>near Fatche</i>		County <i>Kent</i>		MARYLAND	
Died at		Date of death		Age		Months	
<i>near Fatche</i>		<i>1907 Jan 30</i>		<i>28</i>		<i>4</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Ind</i>		Days <i>—</i>	
Occupation <i>Housework.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>sn.</i>		Name of Wife or Husband <i>James Moore</i>					
Father's Name <i>Geo. Thomas Cherry</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Georgiana, Raine</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Addie Berry</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Polar Pneumonia Right Side</i>		How long <i>10 days</i>	
Immediate <i>Pneumonia Acute</i>		How long <i>21 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Frank W. Smith</i>	
		Address <i>Fatche</i>	
Accident or Suicide? <i>Ind</i>			

Neol Cemetery of Georgetown

Name
in
Full

CERTIFICATE OF DEATH

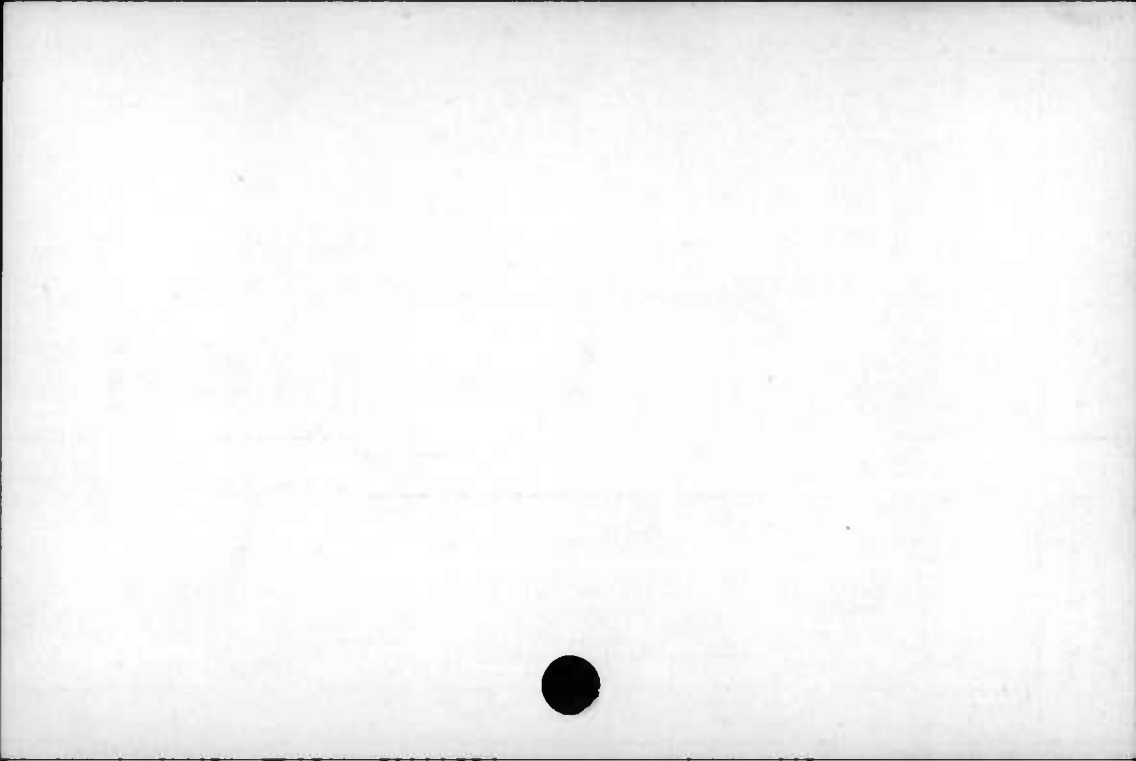
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Stella Murray		County		Kent		MARYLAND															
Died at		Chester Town		County		Kent		MARYLAND															
Date of death		1907		Month		Jan		Day		7		Age		Years		55		Months		Days			
Sex		Female		Color or Race		Col		Birth- place		Md		Occupation		Housewife		Where Residing if not at place of death							
Married, Single or Widowed		Widow		Name of Wife or Husband		Thomas Murray		Father's Name		Benj. Robinson		Father's Birthplace		Md		Mother's Maiden Name		Harnet Anderson		Mother's Birthplace		Md	
Name of person giving In formation		Harry J. Robinson		How related to deceased		Brother																	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Apoplexy		How long		10 days	
Immediate		2nd stroke, Coma		How long		1 day	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. G. Simpson	
				Address		Chester town	
Accident or Suicide?		No				Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907 Jan		18	Age	83	10	8	
Sex	Female		Color or Race	Colored		Birth-place	Kentles.
Occupation	Unemployed		Where Residing if not at place of death		Chester town Md		
Married, Single or Widowed	Widow		Name of Wife or Husband		Geo. W. Ringgold		
Father's Name	Don't know		Father's Birthplace		Don't know		
Mother's Maiden Name	Don't know		Mother's Birthplace		Don't know		
Name of person giving information	John Walker		How Related to deceased		Son-in-law		

CAUSES OF DEATH

Primary	Apoplexy	How long	1 year.
Immediate	" "	How long	2 days.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. George Simmons
		Address	Chester town Md
Accident or Suicide?	no.		

PHYSICIAN
OR CORONER



Name
in
Full

unnamed - dead - born Robinson

CERTIFICATE OF DEATH

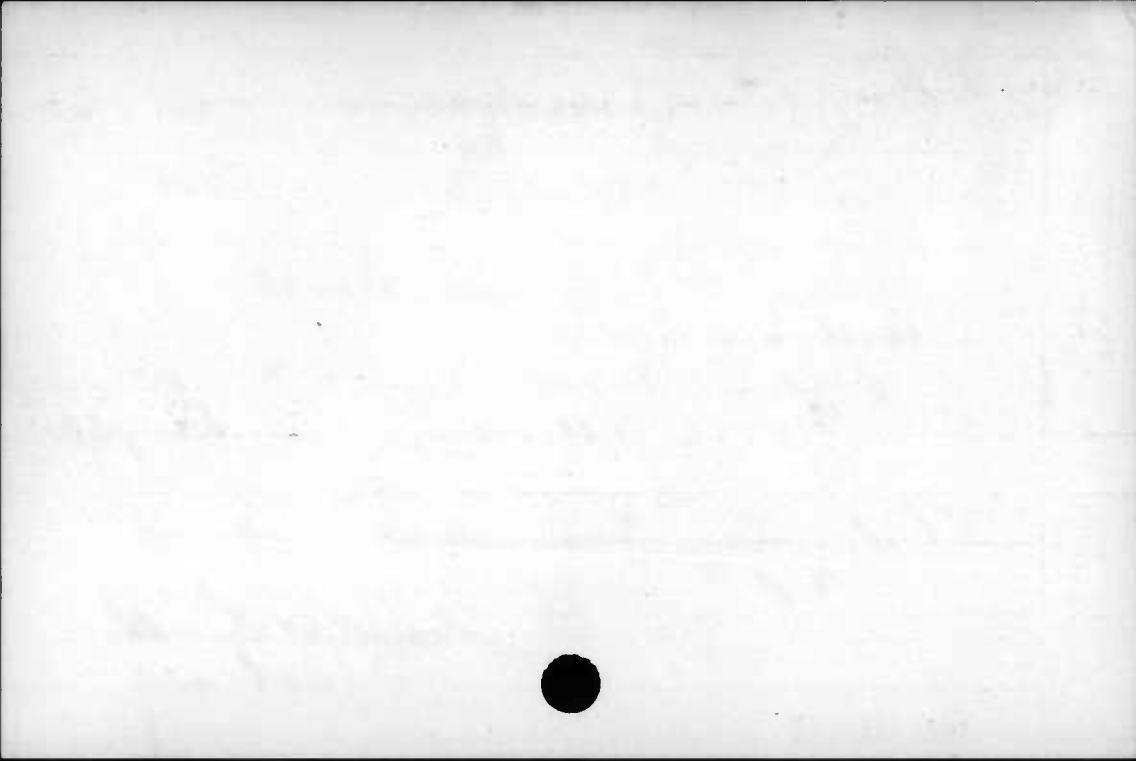
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shallcross Wharf</i>		County <i>1 Kent</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>7</i>	Years	Months	Days
Sex <i>male</i>		Color or Race		Birth-place	
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>infant</i>		Name of Wife or Husband			
Father's Name <i>Pearl Robinson</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Bessie Anderson</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Annie Anderson</i>			How related to deceased <i>Grand-Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Child-birth</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician
		Address <i>Galena Ind.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

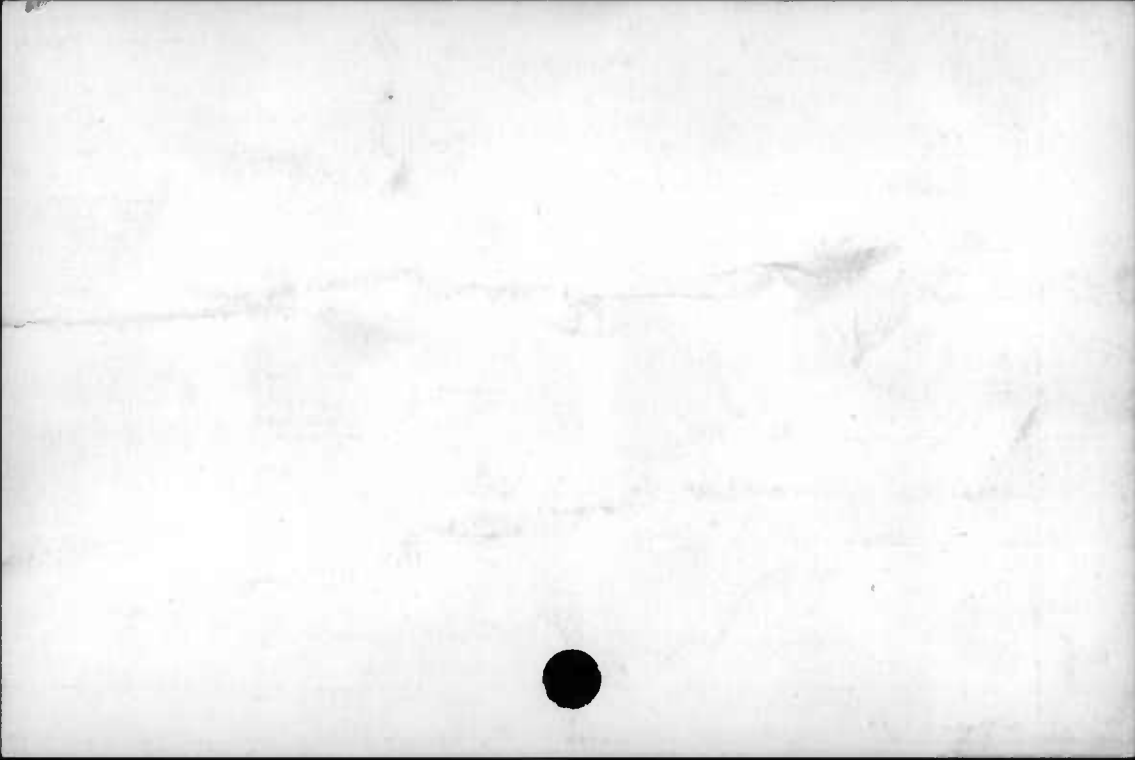
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Julia Scott</i>		Town <i>Mar.</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Georgetown</i>		Month <i>Jan.</i>		Day <i>22</i>		Years <i>66</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Ind</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>m</i>		Name of Wife or Husband <i>James Scott</i>					
Father's Name <i>William Scott</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Julia Wood</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Nora Sullivan</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>6 mo</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Smith</i>
	Address <i>Ind</i>
Accident or Suicide?	



Name in Full		Sarah Sewell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		, MARYLAND	
	Died at		Near Turners Creek		Kent		
	Date of death	1907	Month	Jan	Day	12	Age
					Years	20	Months
							Days
	Sex	female		Color or Race	Black		Birth-place
							md
Occupation	Servant			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband	Charles Sewell			
Father's Name	Ezekiel Blake				Father's Birthplace	md	
Mother's Maiden Name	Tempy Scott				Mother's Birthplace	md	
Name of person giving information	Anne Sewell				How related to deceased	mother-in-law	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		55			How long	
	Immediate		Autointoxication.			How long	
	Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		
					Address		
					L. P. Atwell M. D.		
Accident or Suicide?						Still Period md.	

Still Pond.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Florence Hilda Smith</i>		Town <i>Kennedyville</i>		County <i>Trent</i>		MARYLAND	
Died at <i>Kennedyville</i>		Month <i>Jan</i>		Day <i>27</i>		Years <i>6</i>	
Date of death <i>1907</i>		Month <i>Jan</i>		Day <i>27</i>		Age <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Md.</i>		Months <i>1</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Kennedyville Md</i>		Days <i>17</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Chas Smith</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Florence Rafferty</i>		Mother's Birthplace <i>Md</i>					
Name of person giving In formation <i>J H Smith</i>		How related to deceased <i>Uncle</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Membranous Bronch</i>	How long <i>3 days</i>
Immediate <i>Toxic Absorption Heart Failure</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Louis Barwick Md</i>
	Address <i>Kennedyville Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

William Paul Sutton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Swan Creek</i>		Town <i>Swan Creek</i>		County <i>Kent</i>		State <i>MARYLAND</i>	
Date of death <i>1904</i>	Month <i>Jan</i>	Day <i>12</i>	Age <i>3</i>	Years <i>3</i>	Months <i>7</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>					
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Wm E Sutton</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Addie Berry</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>John G Sutton</i>			How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

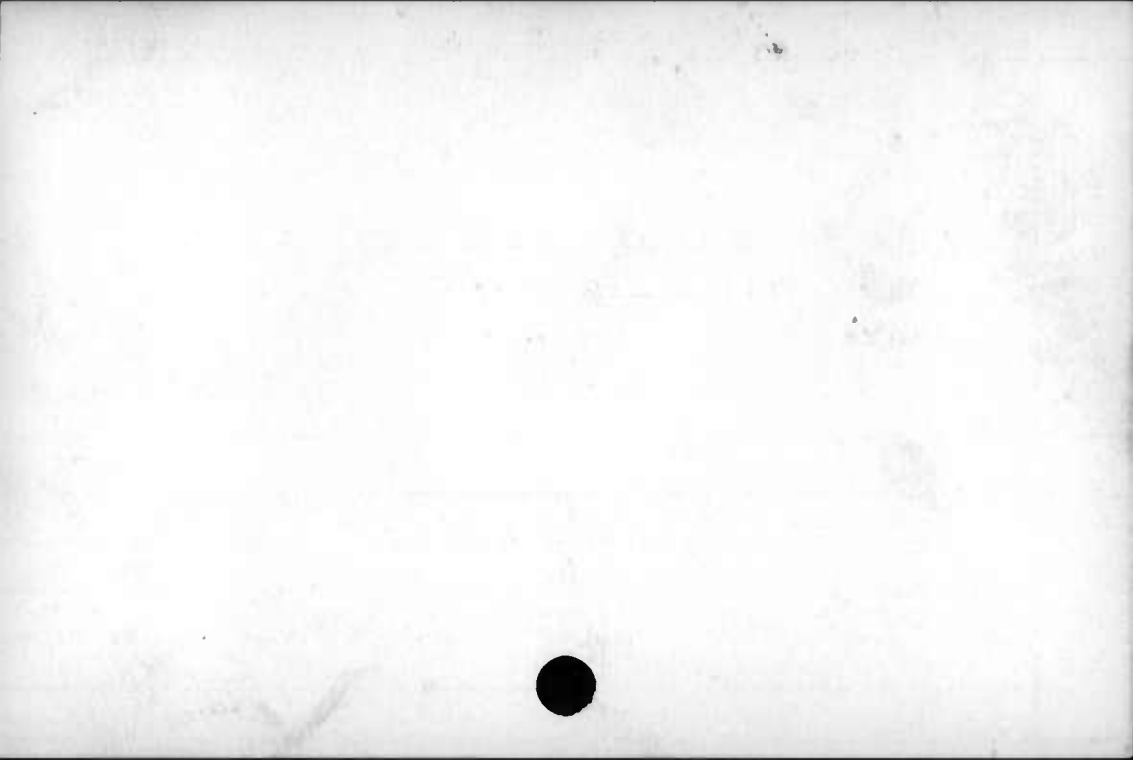
Primary <i>Intercular Enteritis</i>	How long <i>4 1/2 mo.</i>
Immediate <i>Toxemia</i>	How long <i>1 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W Smith</i>
	Address <i>Fairfax</i>
Accident or Suicide? <i>No</i>	<i>Ind</i>



Name in Full Wm Preston Taylor		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Morgantown Town		County Kent
	Date of death 1907		Month Jan Day 30 Age 30 Years 6 Months 6 Days
	Sex Male	Color or Race W	Birth-place Ind
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name Wm Taylor	Father's Birthplace Ind	
	Mother's Maiden Name Sarah Wilson	Mother's Birthplace Ind	
Name of person giving information Father		How related to deceased ✓	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Pneumonia	How long 1 week	
	Immediate Asphyxiation	How long Several hours	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician W. G. Simpson	
		Address Chesapeake	
	Accident or Suicide? No		



Name in Full Lena Tilghman		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Chesterton <small>Town</small>		Kent <small>County</small>
	Date of death 1907 <small>Month</small> Jan <small>Day</small> 30 <small>Age</small> 8 <small>Years</small>		MD <small>Months</small> Days
	Sex Female	Color or Race Col	Birth-place Ind
	Occupation		Where Residing if not at place of death
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name James Jones	Father's Birthplace Ind	
Mother's Maiden Name Mary Tilghman	Mother's Birthplace Ind		
Name of person giving information Mary Tilghman	How related to deceased Mother		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Had been subject to rheumatism for some time	How long	
	Immediate Endocarditis sudden heart failure	How long	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Robt. Moffett Cor.	
	Address Chesterton Ind.		
Accident or Suicide? No			



Name
in
Full

James Henry Vanzant-

CERTIFICATE OF DEATH

Died at *Priny nick*

Town

Kent

County

MARYLAND

Date of death *1907*

Month

July

Day

25

Age

Years

65

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Delaware*

Occupation

*Waterman*Where Residing if not
at place of deathMarried, Single
or Widowed*Widowed*Name of Wife or
Husband*Ellen more Booth-*Father's
Name*William Vanzant-*Father's
Birthplace*Delaware.*Mother's
Maiden Name*Margaret McCoy*Mother's
Birthplace*Delaware*Name of person giving
In formation*James. Vanzant*How related
to deceased*Son.*

CAUSES OF DEATH

Primary

Pneumonia

How long

2 weeks

Immediate

Exhaustion

How long

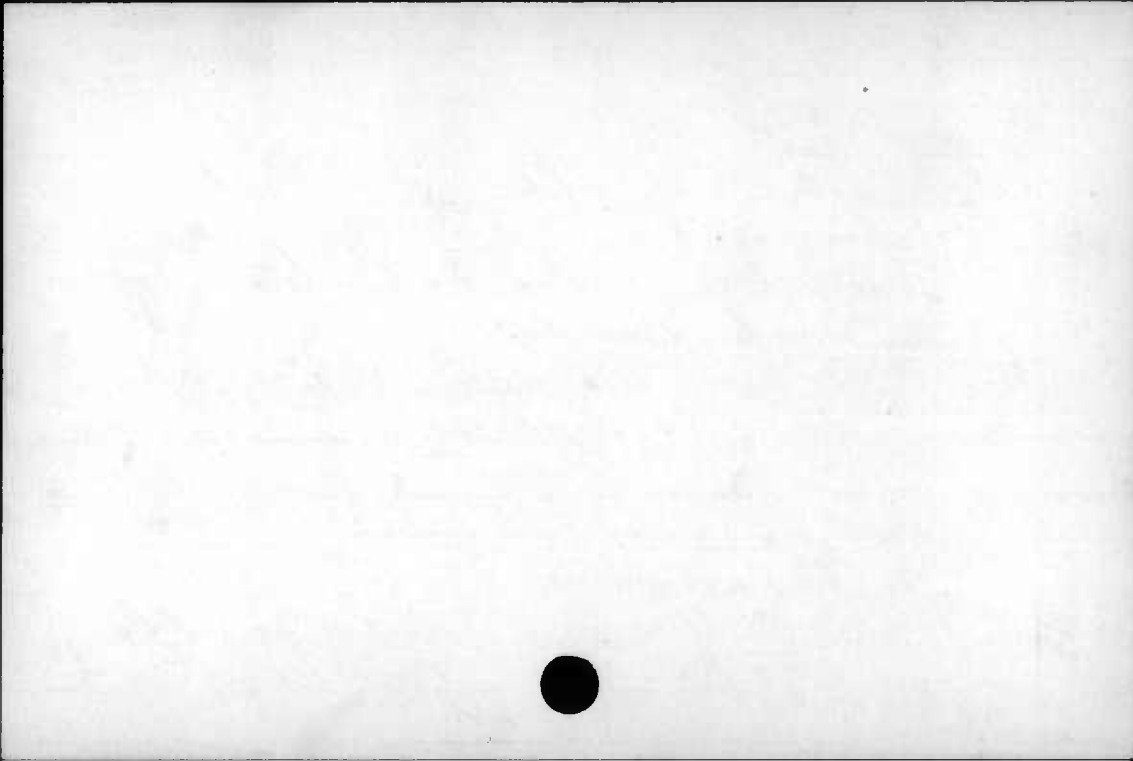
*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*Walter D. Seely M.D.
Rockville, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Alice Naomi Warren

CERTIFICATE OF DEATH

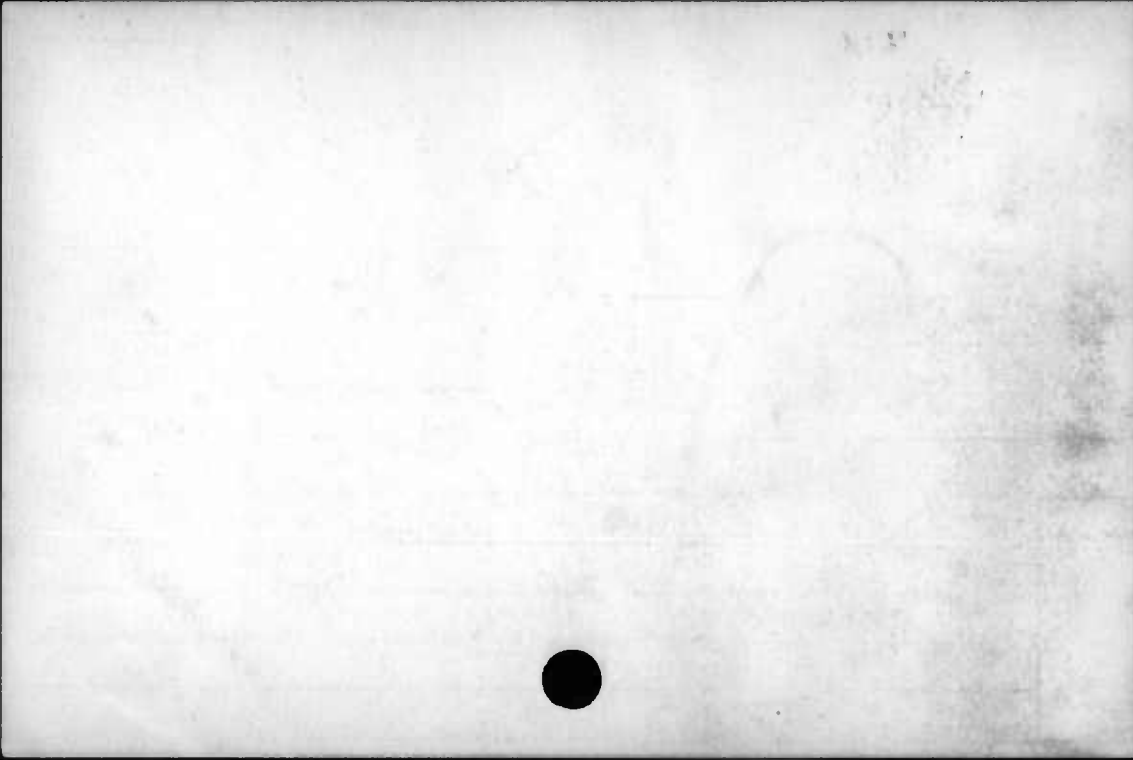
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairlee</i> Town		<i>Hunt</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>8</i>	Age <i>21</i>	Months <i>10</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housework</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Francis Burton Warren</i>				
Father's Name <i>Garish Kendall</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Agnes Bordley</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Thomas Kendall</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>23 mos.</i>
Immediate <i>Exhaustion</i>	How long <i>1 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank W. Smith</i>
	Address <i>Fairlee Ind.</i>
Accident or Suicide?	



Name
in
Full

Samuel Warren

CERTIFICATE OF DEATH

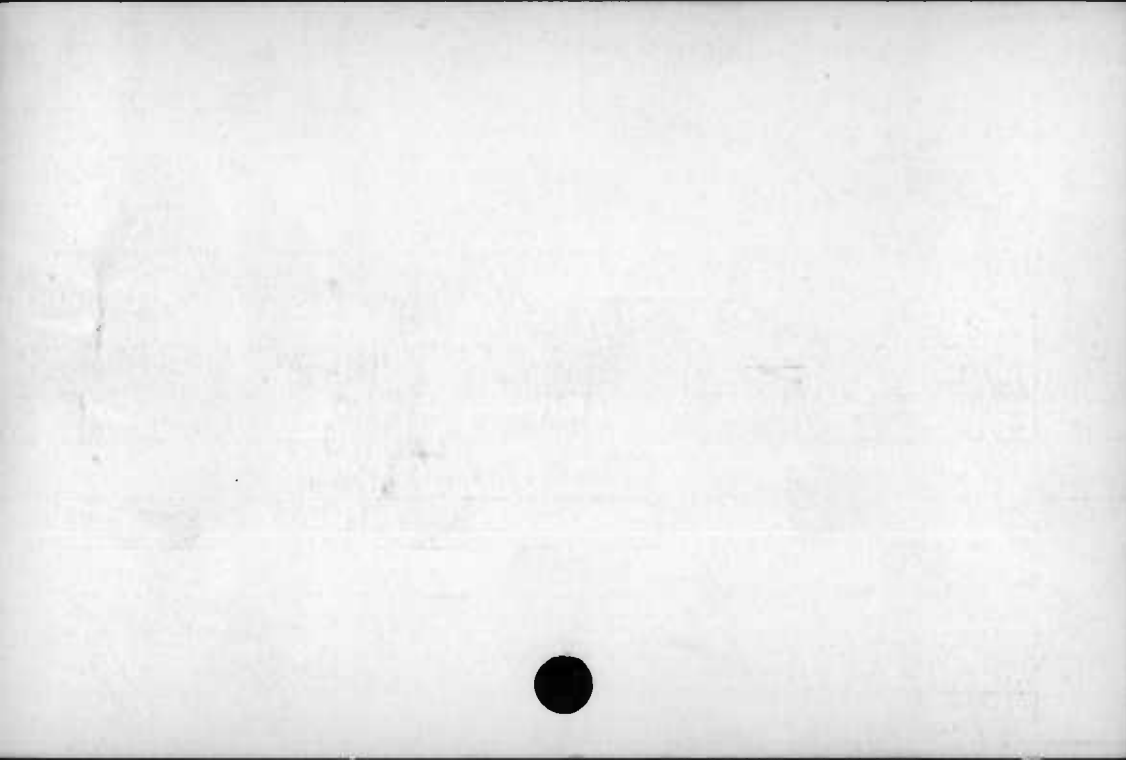
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Edesville^{County} Kent

MARYLAND

Date of death 1907 ^{Month} July^{Day} 23^{Years} 37 ^{Age} 37^{Months} —^{Days} —Sex MaleColor or Race BlackBirth-place Kent Co MdOccupation LaborWhere Residing if not
at place of deathMarried, Single or Widowed MarriedName of Wife or Husband Hattie ScottFather's Name David WarrenFather's Birthplace Kent Co MdMother's Maiden Name Emmer ThompsonMother's Birthplace " MarylandName of person giving Information David WarrenHow related to deceased FurtherAcute Lobar Pneumonia CAUSES OF DEATH EffectPrimary Pulmonary TuberculosisHow long 8 monthsImmediate ExhaustionHow long two weeksAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician R. H. Pratt M.D.Address Rock Hall Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Dorothy Louise Willis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Fairlee

Town

County

Kent.

MARYLAND

Date

of death 1907

Month

Jan

Day

9

Age

Years

5

Days

5

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

James Willis

Father's
Birthplace

Md

Mother's
Maiden Name

Maud Hanson

Mother's
Birthplace

Ball Md

Name of person giving
In formation

Maud Hanson

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Lobar Pneumonia

How long

18 hrs

Immediate

Exhaustion

How long

18 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Frank W. Smith

Address

Fairlee

Md

Accident or Suicide?

Christen C